

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: A METHOD FOR FABRICATING, MODIFYING  
OR REPAIRING OF SINGLE CRYSTAL OR  
DIRECTIONALLY SOLIDIFIED ARTICLES

Attorney Docket Number:: 033275-417

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 4b

Total Drawing Sheets:: 3

Small Entity?: No

Latin Name:

Variety Denomination Name:

Petition Included?: No

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: No

### **Applicant Information**

Applicant Authority Type: Inventor

Primary Citizenship Country: Switzerland

Status: Full Capacity

Given Name: Walter

Middle Name:

Family Name: BREHM

Name Suffix:

City of Residence: Gebenstorf

State or Province of Residence:

Country of Residence: Switzerland

Street of Mailing Address: Birkenweg 8b

City of Mailing Address: Gebenstorf

State or Province of Mailing Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing Address:: CH-5412

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Matthias

Middle Name::

Family Name:: HOEBEL

Name Suffix::

City of Residence:: Windisch

State or Province of Residence::

Country of Residence:: Switzerland

Street of Mailing Address:: Dorfstrasse 82

City of Mailing Address:: Windisch

State or Province of Mailing Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing Address:: CH-5210

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Great Britain

Status:: Full Capacity

Given Name:: Edward

Middle Name::

Family Name:: OBBARD

Name Suffix::

City of Residence:: Jersey

State or Province of Residence::

Country of Residence:: United Kingdom

Street of Mailing Address:: Samares Manor, Saint Clement

City of Mailing Address:: Jersey

State or Province of Mailing Address::

Country of Mailing Address:: United Kingdom

Postal or Zip Code of Mailing  
Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Austria

Status:: Full Capacity

Given Name:: Alexander

Middle Name::

Family Name:: SCHNELL

Name Suffix::

City of Residence:: Ennetbaden

State or Province of Residence::

Country of Residence:: Switzerland

Street of Mailing Address:: Sonnenbergstrasse 14

City of Mailing Address:: Ennetbaden

State or Province of Mailing Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing  
Address:: CH-5408

### **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

### **Representative Information**

Representative Customer Number:: 21839

### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing  
Date::

### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
Europe	02406040.2	11/29/02	Yes

### **Assignee Information**

Assignee Name::	ALSTOM Technology Ltd
Street of Mailing Address::	Brown Boveri Strasse 7
City of Mailing Address::	Baden
State or Province of Mailing Address::	
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	CH-5400